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		-		
-	ARIZONIA CHAMO			
STANDARD CERTIFICATE OF DEATH	VINCOLA SIALE	DEPARTMENT OF HEAL	TH	81 v
DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	DIVISION	OF VITAL STATISTICS	State File N	Jo
1. Place of Death: (a) County Gila	() \ () ()	Miami	D	3h
	(b) City or Town.	y limits also write RURAL) (c) L	ocation missing instru	HOAD
(d) Length of Stay: In Hospital or Institution	o days	. In Commercial 3 days	(or. G No. (or) Nam	e of Institution
2. Usual Residence of Deceased: (a) State. AT	(opecity with	emer years, months or days)	; in Arizona	3 days
	(b)	County Gila	(-) (2) ( - M	ish1
(d) Street No. 8 Washington St	: _		(Il outside city lim	its also write RURAL)
		; (e	c) Chizen of foreign country	(manage write RURAL)
3. (a) FULL NAME Questo 1	10	0	If Yes, which country	(Yes or No)
- June 1	narie Pres	(b) If Veteran	of if file of of #(HN	ONE write the word)
Color or Race   6. (a)	Single, married, widowed	Bame War	Social Security No.	27
	divorced widowed	MEDI	CAL CERTIFICATION	
6. (b) Name of husband   6.	(c) Age of husband	20. DATE OF DEATH (Month, da	CALIFICATION	
	wife, if aliveyrs.	TIME (House and	y and year).	19 42
7. Birthdate of deceased wow 8	/ G // A	TIME (Hour and minute)	7.20	, O, M.
(Month)	Day) (Year)	21. I hereby certify that I attends	d the deceased from	***************************************
o. AGE: Years   Months   Days   If	less than one day	***************************************	19 4 3 to 11-11	1942
		that I last saw har alive on		
9. Birthplace, Missie a		and that death occurred on the d	ate and hour stated above.	
(City, town or county)	(State or Country)	immediate cause of death. Cere	bral hemorrhage	DURATION
10. Usual Occupation	(State of Country)	due to birth inj	ury.	***************************************
	1/			
11. Industry or Business		Due to		
12. Name Much on P	Declari	***************************************		
13. Birthplace Ragu	2 de la composição de l	Due to		****
(City town or county)	M,			*****
-	(State or Country)	Other conditions		***************************************
14. Maiden Name Stuby g	ins March	(Include pregnancy with	hin 3 months of a second	************************
	Ohla	regiot mudivas.	o months of death)	***************************************
(City, town or courty)	(State or Country)	Of operations	***************************************	PHYSICIAN
16. (a) Informant's own signature. head	are PRV A			Underline the
(b) Address # 8 Mashingto		Of autopsy.	•	cause to which death should
		w.	V	be charged statistically
17. (a) Burial, Cremation or Removal Burne	a Q	22. If death was due to external co	auses, fill in the following	
(b) Place Cerroland Days	2021/241	(a) Accident, suicide or homicide	(specify)	
18. (a) Embalmer's Signature	1	(b) Date of occurrence	(aposti )	
~ / / / / / / / / / / / / / / / / / / /	Alexado.	(c) Where did injury occur?		
(b) Funeral Director Miles Wort	uary	(c) Where did injury occur?(C	ity or Town) (County)	(State)
(c) Address Manue Cris		(d) Did injury occur in or about he	ome, on farm, in industrial al.	(Glaic)
19 (2)		public place?	piac	.c, m

20M 100% Rag 9-19-41